



DRV

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/706,877-Conf. #5816

Filing Date

November 12, 2003

First Named Inventor

Stuart L. SCHREIBER

Art Unit

1617

Examiner Name

U. Ramachandran

Attorney Docket Number

0042697.00137US8

ENCLOSURES (Check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☒ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/
Incomplete Application

☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a
Provisional Application

☐ Power of Attorney, Revocation
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ Landscape Table on CD

☐ After Allowance Communication
to TC

☐ Appeal Communication to Board of
Appeals and Interferences

☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please
Identify below):

1 Reference
Return Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

WILMER CUTLER PICKERING HALE AND DORR LLP

Signature

Printed name

Mary J. Edwards

Date

June 25, 2007

Reg. No.

55,140



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	10/706,877-Conf. #5816
		Filing Date	November 12, 2003
		First Named Inventor	Stuart L. SCHREIBER
		Examiner Name	U. Ramachandran
		Art Unit	1617
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0042697.00137US8
TOTAL AMOUNT OF PAYMENT	(\$) 180.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>08-0219</u> Deposit Account Name: <u>Wilmer Cutler Pickering Hale and Dorr LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						<u>Small Entity</u>	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- =		x	=	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =		/50 =	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1806 Submission of an Information Disclosure Statement</u>							180.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	55,140
Name (Print/Type)	Mary J. Edwards	Telephone	(617) 526-6000
		Date	June 25, 2007



Docket No.: 0042697.00137US8
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stuart L. SCHREIBER et al. Confirmation No.: 5816
Application No.: 10/706,877 Art Unit: 1617
Filed: November 12, 2003 Examiner: U. Ramachandran
Title: LACTACYSTIN ANALOGS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

Dear Sir:

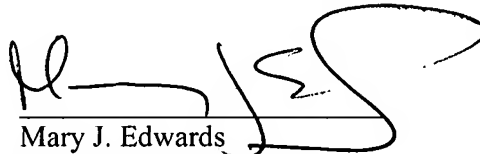
This Supplemental Information Disclosure Statement is being filed after the mailing date of the first Office Action on the merits and before the mailing date of a final Office Action or a Notice of Allowance.

Please charge the \$180.00 fee to our Deposit Account No. 08-0219.

Applicants request that the Examiner initial and return a copy of the enclosed Form PTO SB-08 with the next communication.

Respectfully submitted,

Dated: June 25, 2007


Mary J. Edwards
Registration No.: 55,140
Attorney for Applicant(s)

06/28/2007 SFELEKE1 00000026 080219 10706877
01 FC:1806 180.00 DA

Wilmer Cutler Pickering Hale and Dorr LLP
60 State Street
Boston, Massachusetts 02109
(617) 526-6000 (telephone)
(617) 526-5000 (facsimile)



Used in Lieu of PTO/SB/08A/B
(Based on PTO 04-07 version)

INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/706,877-Conf. #5816
				Filing Date	November 12, 2003
				First Named Inventor	Stuart L. SCHREIBER
				Art Unit	1617
				Examiner Name	U. Ramachandran
Sheet	1	of	1	Attorney Docket Number	0042697.00137US8

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)					
	BA	JP-08-231501		09-10-1996	The Kitasato Institute		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--



PTO/SB/92 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/706,877

Attorney Docket No.: 0042697.00137US8

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on June 25, 2007
Date


Signature

Janice Roussel

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 526-6000
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Supplemental Information Disclosure Statement
1 Reference
Return Postcard
Transmittal (1 page)
Fee Transmittal (1)
Form SB-08